

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036428

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5146

FILED OCT 7 1963

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Missouri, b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in lb 59 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6716 Indiana | | d. STREET ADDRESS (If outside, give location) 6716 Indiana | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Joseph Scardino | | 4. DATE OF DEATH Month Day Year September 19, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-28-1880 |
| 9. AGE (last birthday) 83 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Cabinet maker | | 10b. KIND OF BUSINESS OR INDUSTRY Carpenter | |
| 11. BIRTHPLACE (City and state or country) Palermo, Italy | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Frank Scardino | | 13b. MOTHER'S MAIDEN NAME Francisca Giangrosso | |
| 14. NAME OF HUSBAND OR WIFE Margurito (Rose) Scardino | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Address Mario F. Scardino, 9317 Richmond | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYELOGENOUS LEUKEMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIO SCLEROTIC HEART DISEASE | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION KANSAS CITY | COUNTY STATE JACKSON MO. |
| 21. I attended the deceased from August 1962 to 9/19/63 and last saw her alive on 9/16/63 Death occurred at 11:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE M. MASUCCI (Degree or title) Joseph M. Masucci M.D. | | 22b. ADDRESS Kansas City, Mo. | |
| 22c. DATE SIGNED 9/20/63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-23-1963 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home | | 25. DATE RECD. BY LOCAL REG. 9-20-63 | |
| 26. REGISTRAR'S SIGNATURE Beaile Smith | | | |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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Mr. Joseph Musucci
636 Argyle Bldg.
Ba 1-8848

2 to 4:30 Friday
88

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Phillips

Licensed Embalmer No. 4641

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.